



Providing Safe and Appropriate Mode of Delivery: Decreasing Unnecessary Cesarean Sections in Brazil



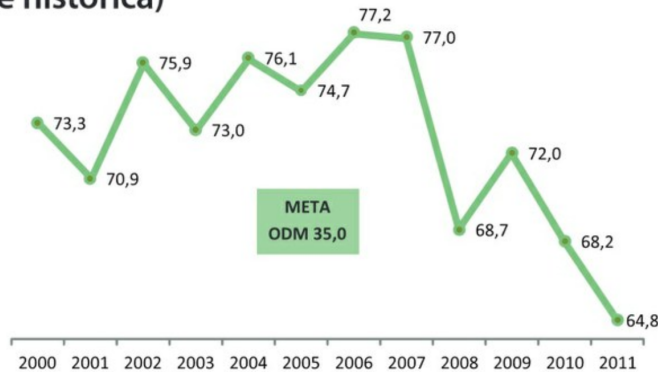
C-Section rates
Brazil private sector 85%



Yes, We have a problem

Mortalidade materna

Taxa de mortalidade no Brasil para 100.000 nascidos vivos (série histórica)



In 2013
2100 women died

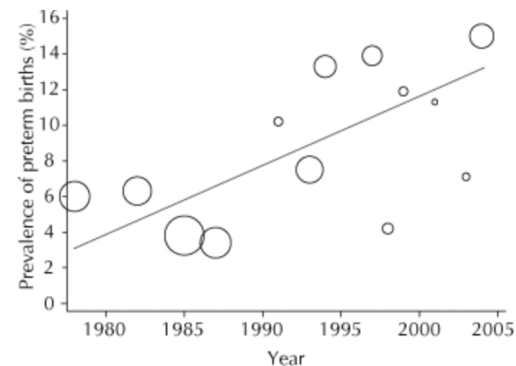


Figura. Prevalência de prematuridade no Brasil conforme estudos de base populacional, ponderada pelo tamanho da amostra.

Prematurity is increasing

The birth of the Collaborative Natural Birth



- Before 2012, 1 demonstration project to reduce CS rates private sector
- Public prosecutor sued ANS – Brazilian Regulatory Agency for Health Private Sector
- First Pilot 2012 using Model of Improvement – Unimed Jaboticabal from 0% to 40% NB in 9 months
- 3 more cities with same results

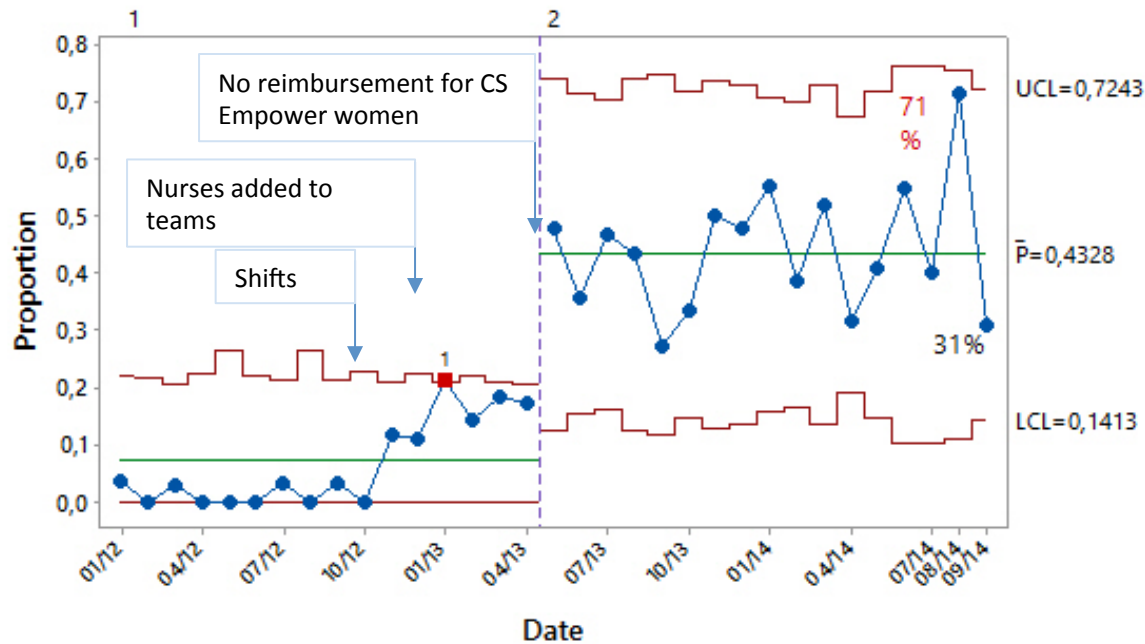




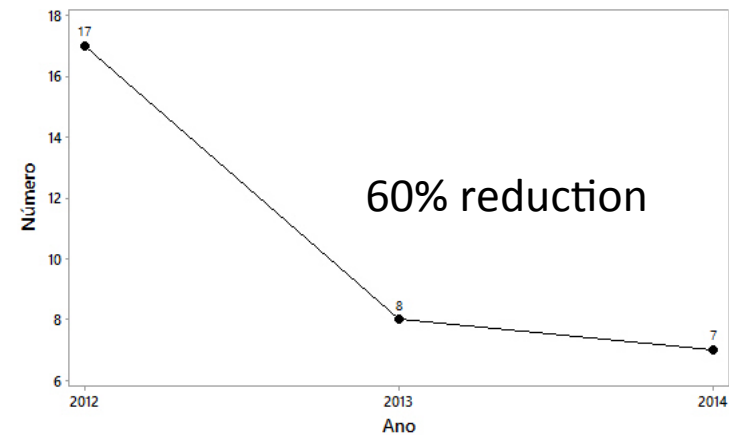
Pilot Project 2012

Jaboticabal City, SP

P Chart of NB UNIMED



NICU admissions

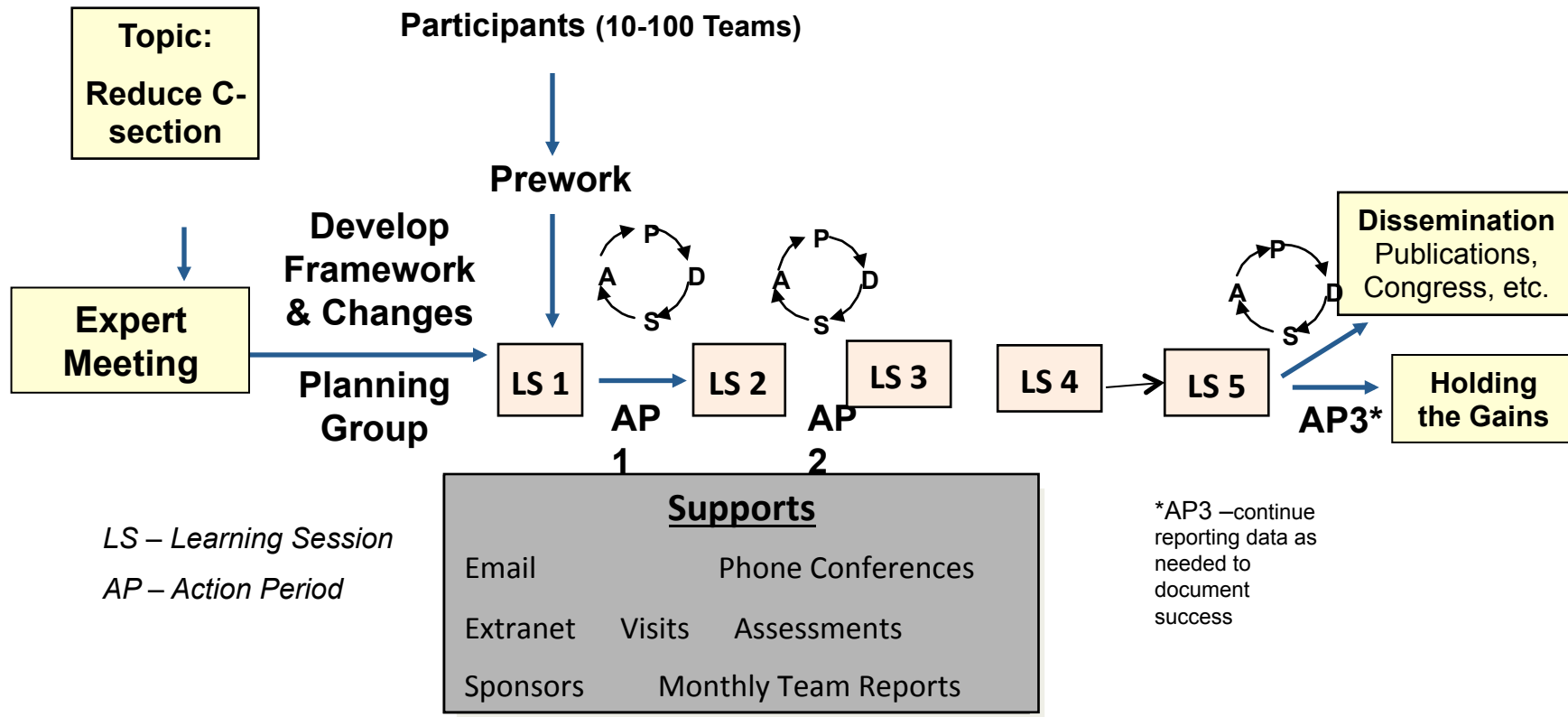


Tests performed with unequal sample sizes



IHI Breakthrough Series

(18 Months Time Frame)



Mission Projeto Parto Adequado - PPA (42 hospitals from private and public sector)

After 18 months we expect

1. Reduce maternal and neonatal morbidity
- 2. Reduce the gap between scientific evidence and the obstetric practice in Brazil – safely increase the percentage of vaginal deliveries**
3. Improve the experience of care (safety care, timeless, efficient, effective, equitable and focused on the needs of families and community)
4. Implementation of best practices to assist vaginal delivery
5. Reduce per capita costs of maternal and child care

The PPA Project

Who are the 42 hospitals?

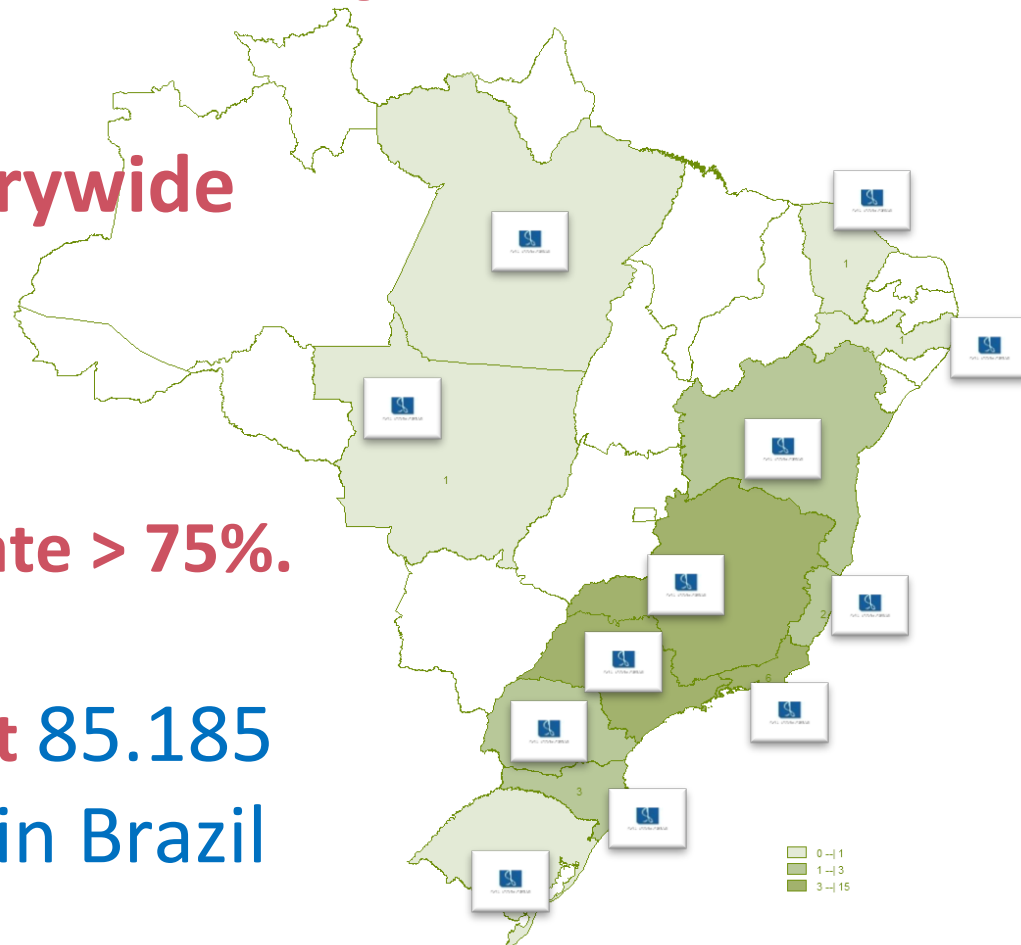
Well distributed countrywide

Some figures

Hospital had to have CS rate > 75%.

In average 80.9%

The 42 hospitals represent 85.185 deliveries year and 6% in Brazil



Primary drivers

Secondary drivers

Change concepts

Aim

**Promoting
Healthier
Moms and
Babies by
achieving
40% of
Natural
Child Birth
by
September
2016**

1. Coalition of major stakeholders aligned around quality and safety

2. Empower pregnant women and their families to choose the care that is right for them (ensure readiness for NB)

3. New care model to accommodate the longer time frame of normal physiologic birth

4. Data systems that support learning



Change Package



Leaders, champions, front line with the skills to do continuous improvement

New contract between payers and providers creating incentives for quality and safety

Activate the community



**Physical space redesign (Adequate
ambiance for NB)**

**Well trained team to assist the
deliveries**

Team assist all pregnancy phases

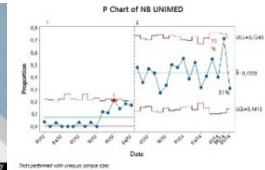
**Protocols and standardization for
delivery and postpartum**



Educate and instruct families and pregnant women to new care model

Listening to mother and families

Co-design and shared decision



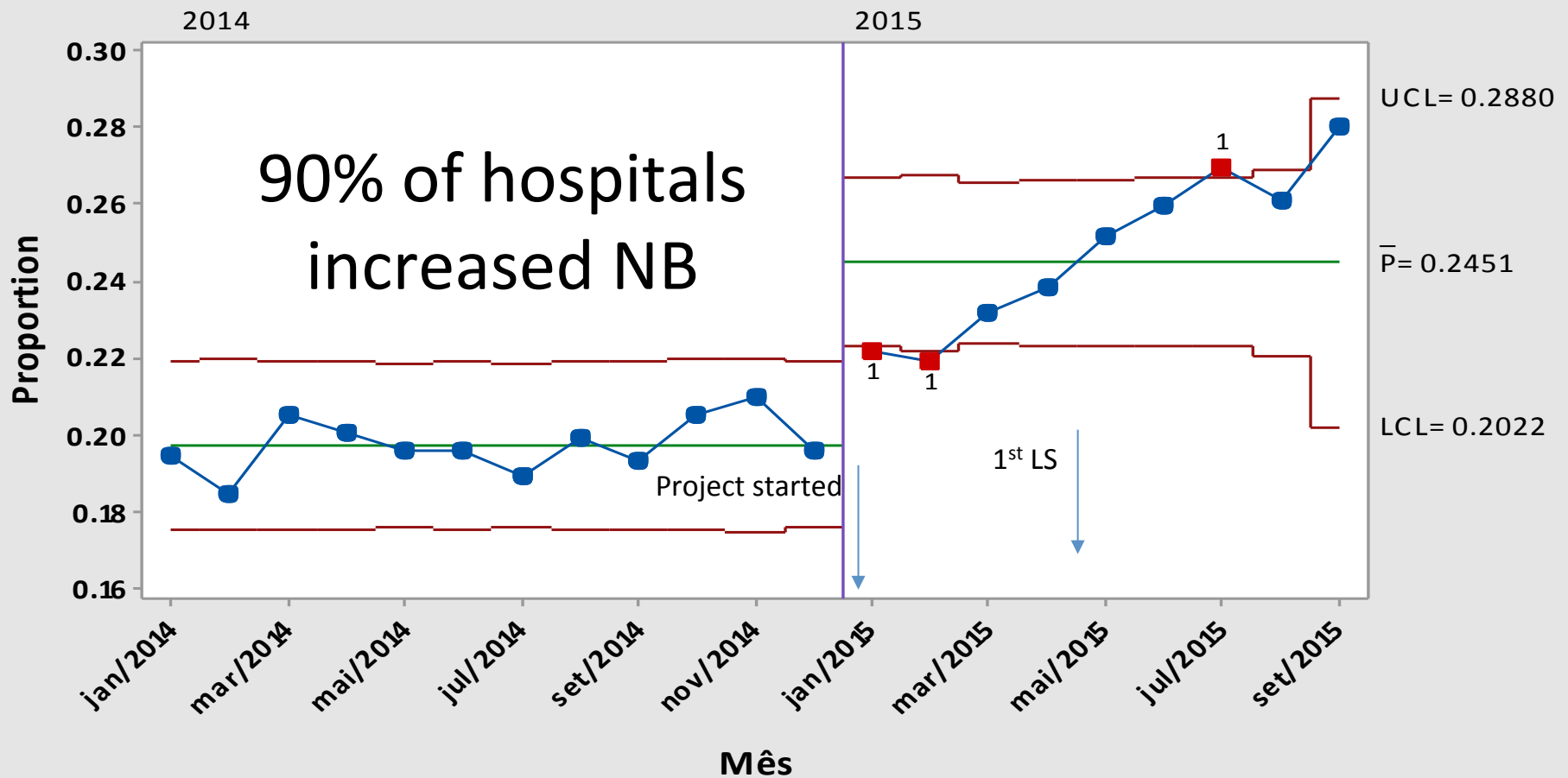
**Establish some quality and safety
measures, report them to the providers**

**Create the capability to collect reliably
information to generate the measures and
results**

Preliminary results

From 18% to 28% in 4 months

Percentage of Natural Birth 42 hospitals



Learnings

- **What still needs to be done**

Too many changes

Community engagement still crawling

- **Worked well:**

Collaborative model and a “**bold**” Aim

Having the Regulatory body involved

Right Coalition

Teams engagement

Next steps

- **2017 and beyond:**
A second wave of hospitals
Improve community engagement
Publish and Celebrate results
As health system, we are still in debt to our pregnant women and babies

....but

...there is hope

